

Foster Family Home - Corrective Action Report

Provider ID: 1-628315

Home Name: Michelle Balisacan, CNA

Review ID: 1-628315-6

1301 Noelani Place

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 10/22/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 11/22/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.(b)(1) - Confidentiality policies and procedures not signed by all CG's and adult HHM.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - TB clearance for HHM #1 expired on 7/20/19. Has not gotten a current TB clearance at this time.

Foster Family Home

Client Transfer/Discharge

[11-800-44]

error

44.(f) A home that will voluntarily close must notify the department in writing ninety days prior to the voluntary closure

Comment:

Foster Family Home

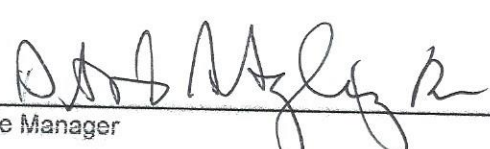
Quality Assurance

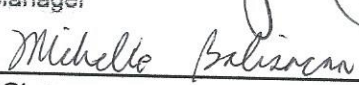
[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - Emergency Preparedness Plan not signed by all CG's.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Michelle Balisacan

CCFFH Address: 1301 Noelani Place, Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16 b 1	I had all cg's sign the Confidentiality policies and procedures form and put it in my CCFFH binder.	11/29/19	I will have all cg's and hhm's read and sign the Confidentiality policies and procedures and Emergency Preparedness Plan when they are new.
41 f 1	I got a current TB clearance from hhm #1 October 24, 2019 and put it in my CCFFH binder.	10/24/19	I will remind all hhm's to update the TB clearance every year. I have put the expiration on my calendar 1 month before it expires.
50 a	I had all cg's sign the Emergency Preparedness Plan and put it in CCFFH binder.	11/29/19	

Primary Caregiver's Signature: Michelle Balisacan

Print Name: MICHELLE BALISACAN

Date of Signature: 11/29/19